County of San Diego, Planning & Development Services
DISCRETIONARY PERMIT APPLICATION
FOR DETERMINATIONS OF PUBLIC CONVENIENCE OR NECESSITY FOR ALCOHOLIC BEVERAGE LICENSE APPLICATIONS
ZONING DIVISION

RECORD ID(S):

	Planning	LD Review Teams	DEH	Trails Review	Other
Fees	_____ +	_____ +	_____ +	_____ +	_____
Deposits	_____ +	_____ +	_____ +	_____ +	_____

TOTAL FEES AND INITIAL DEPOSIT: $_____

OWNER'S NAME _____ Phone: _____

Mailing Address: _____

APPLICANT'S NAME: _____ Phone: _____

Mailing Address: _____

PREMISE ADDRESS: _____

PREMISE PHONE: _____

1. Premise Assessor's Parcel Number: _____

2. Premise Census Tract: _____

3. ABC License Type: _____

4. Type of Business (bar, mini-mart, gas station, etc.):

    _____

5. Describe uses/activities that will be included as part of the business:

    _____

6. New or existing business? _____*If in an existing building, provide an exterior photo.*

7. Previous ABC licenses at this address? _____

8.   Have you had previous licenses at other sites? _____   Where?

9.   Number of other retail outlets (stores, bars, restaurants, etc.) selling alcohol within a 1,000 foot

      radius of proposed site?

10.   Location of nearest dwelling units within 1,000 feet:

11.   Location and names of schools within 1,000 feet:

12.   Location and names of playgrounds, youth facilities or day care facilities within 1,000 feet:

APPLICANT'S STATEMENT

Attach a statement or explain below why Public Convenience or Necessity would be served by the issuance of this proposed alcoholic beverage license.

_____   _____
             Signature of Owner / Authorized Agent   **Date**
                 (Attach a Letter of Authorization for any Agent)

** OFFICIAL USE ONLY **

Thomas Guide Page/ Grid:_____   Community Plan Area:_____

Planning/ Sponsor Group:_____   Supervisor District:_____

Use Regulations at the site:

Is the proposed use permitted by the Use Regulations applying to the site?   _____

Unresolved Health or Building Code violations of record at the site?   _____

_____

Technician's Comments: _____

_____

_____

Reviewed by:_____   Date:_____